

ISSUE SLIP STAFF AREA (for additional cross references)

| POSITION            | INITIALS   | ID NO.       | DATE            |
|---------------------|------------|--------------|-----------------|
| FEE DETERMINATION   | <i>Jik</i> |              |                 |
| O.I.P.E. CLASSIFIER | <i>JD</i>  | <i>69916</i> | <i>11/24/99</i> |
| FORMALITY REVIEW    |            |              | <i>12/14/99</i> |

INDEX OF CLAIMS

✓ ..... Rejected  
 - ..... Allowed  
 (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

| Claim          | Date |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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Best Available Copy